



DEFENDANT NAME MOHSEN HOSSENI			COURT NAME & ADDRESS BOSTON MUNICIPAL COURT CRIMINAL DIVISION 11TH FLOOR, ROOM 1105 90 DEVONSHIRE STREET BOSTON, MA 02109 (617) 788-8600		
ADDRESS 106 13TH STREET #120 CHARLESTOWN, MA 02129			DOB 10/11/1961	GENDER M	
			SSN -		
			PCF NUMBER		
NO. OF COUNTS 1	DATE OF COMPLAINT 03/22/2004	ETHNICITY W	SID NUMBER		POLICE DEPARTMENT OF OFFENSE SEXUAL ASSAULT UNIT
COMPLEXION	HAIR BLACK	EYES BROWN	HEIGHT 5'9"	WEIGHT 160	DRIVER'S LICENSE NUMBER
HOME PHONE 0-			EMPLOYER NAME		STATE MA
BUSINESS PHONE					
FIRST TEN OFFENSE COUNTS					
<u>COUNT</u>	<u>CODE</u>	<u>OFFENSE DESCRIPTION</u>			<u>DATE OF OFFENSE</u>
1	265:013H	INDECENT A&B ON PERSON 14 OR OVER C265 S13H			12/22/2003
REASON FOR WARRANT REPRESENTATION OF PROS THAT DEFT MAY NOT APPEAR					
TO ANY OFFICER AUTHORIZED TO SERVE CRIMINAL PROCESS: You are hereby commanded to arrest the above-named defendant and to bring the defendant forthwith before this court to answer to the offense(s) listed above and to be dealt with according to law.					
CHIEF JUSTICE WITNESS: Hon. Charles R. Johnson			DATE ISSUED 03/22/2004		SIGNATURE OF CLERK-MAGISTRATE / ASST. CLERK X <i>[Signature]</i>
RETURN OF SERVICE					
<input type="checkbox"/> I certify that the defendant has been arrested and surrendered to the court. <input type="checkbox"/> At the request of the prosecutor, I am returning this warrant without service to the court, and I request that it be cancelled pursuant to Mass. R. Crim. P 6(c)(4)					
DATE & TIME OF RETURN		SIGNATURE OF OFFICER X			TITLE OF PERSON MAKING RETURN
A TRUE COPY ATTEST		CLERK-MAGISTRATE / ASST. CLERK X			ON (DATE)